

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90032 011 \*\*\*150.00

**DOCUMENT # P94000093932**

1. Entity Name  
**DIFFUSION HAIR SALON, INC.**



Principal Place of Business  
**13715 S.W. 152ND ST.  
MIAMI, FL 33177-1106**

Mailing Address  
**13715 S.W. 152ND ST.  
MIAMI, FL 33177-1106**

**50066055**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08222005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**65-0549932**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LOTT, GEORGE J  
% LOTT & LEVINE  
5975 SUNSET DR., SUITE 302  
MIAMI, FL 33143**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP  
DELASCASAS, SHEILA A  
13715 S.W. 152ND ST.  
MIAMI, FL 331771106**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DELASCASAS, JOSE  
13715 S.W. 152ND ST.  
MIAMI, FL 331771106**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sheila Delascasas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9.3.05*  
Date

*3052336611*  
Daytime Phone #

9-2-05-

ATTACHMENT

DIFFUSION HAIR SALON

Country Walk Plaza  
13717 S.W. 152 St.  
Miami, FL 33177  
Tel. - 305 233-6611

~~50066055-~~  
~~#194000093932~~



Due to not receiving my renewal notice. I did not send in my payment.

Please find check enclosed for \$150 for reinstatement of my corporation.

Thank you

Sheila Delascans  
(President)

Please note the address is

13717 SW 152 St  
Miami FL 33187

(You have a typo error)  
It's not 13715.

ATTACHMENT

50066055

P94000093932

A

DIFFUSION HAIR SALON, INC.

13717 S.W. 152ND ST.

MIAMI FL 331771106